

2005
TROY FIRE DEPARTMENT
AND TROY POLICE DEPARTMENT

BE A BETTER BIKER CAMP
(KIDS ENTERING GRADES 5 AND 6)
(Limit of 20 bikers per session)

Location: Troy Junior High School

Biker's Name _____
Address _____ Phone _____
Name of School _____ **Entering Grade** _____
Birthdate _____ Age _____
Name of parent/guardian _____ Phone _____
Allergic to any
medication? _____
Doctor's Name _____ Phone _____

_____ **June 6-10**

_____ **June 13-17**

_____ **9:00 a.m.-11:30 a.m. (Session A)**

_____ **9:00 a.m.-11:30 a.m. (Session C)**

_____ **1:00 p.m.-3:30 p.m. (Session B)**

_____ **1:00 p.m.-3:30 p.m. (Session D)**

WAIVER AND RELEASE

We, the undersigned being fully aware of the dangers inherent to the sport of bicycling, do give permission for our son/daughter to participate in the above program. We do hereby expressly waive any and all claims and rights of whatever nature, which may arise against the City of Troy, Troy Fire Department, Troy Police Department, instructors, the supervisory staff, or their agents or servants, as a result of injuries incurred by our child while participating in this program.

Date _____ Signature _____
(parent or legal guardian)

NOTE: All equipment (bikes, helmets, etc.) will be provided through a generous grant from the Troy Foundation.